

COVER PAGE

A PUBLIC DOCUMENT

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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Middenway Noelani F.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Costa Mesa Sanitary District

Division, Board, Department, District, if applicable

Your Position

Clerk of the District

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

- ☐ State ☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- ☐ Multi-County _____ ☒ County of Orange
- ☐ City of _____ ☐ Other _____

3. Type of Statement (Check at least one box)

- ☒ **Annual:** The period covered is January 1, 2019, through December 31, 2019.
- or-** The period covered is ____/____/____, through December 31, 2019.
- ☐ **Leaving Office:** Date Left ____/____/____ (Check one circle.)
- ☐ The period covered is January 1, 2019, through the date of leaving office.
- or-** ☐ The period covered is ____/____/____, through the date of leaving office.
- ☐ **Assuming Office:** Date assumed ____/____/____
- ☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 1

Schedules attached

- ☐ **Schedule A-1 - Investments** – schedule attached ☐ **Schedule C - Income, Loans, & Business Positions** – schedule attached
- ☐ **Schedule A-2 - Investments** – schedule attached ☐ **Schedule D - Income – Gifts** – schedule attached
- ☐ **Schedule B - Real Property** – schedule attached ☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or- ☒ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
290 PAULARINO AVENUE COSTA MESA CA 92626

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(949) 645-8400 ext:227 nmiddenway@cmsdca.gov

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/18/2020 03:12 PM Signature Electronic Submission
(month, day, year) (File the originally signed paper statement with your filing official.)